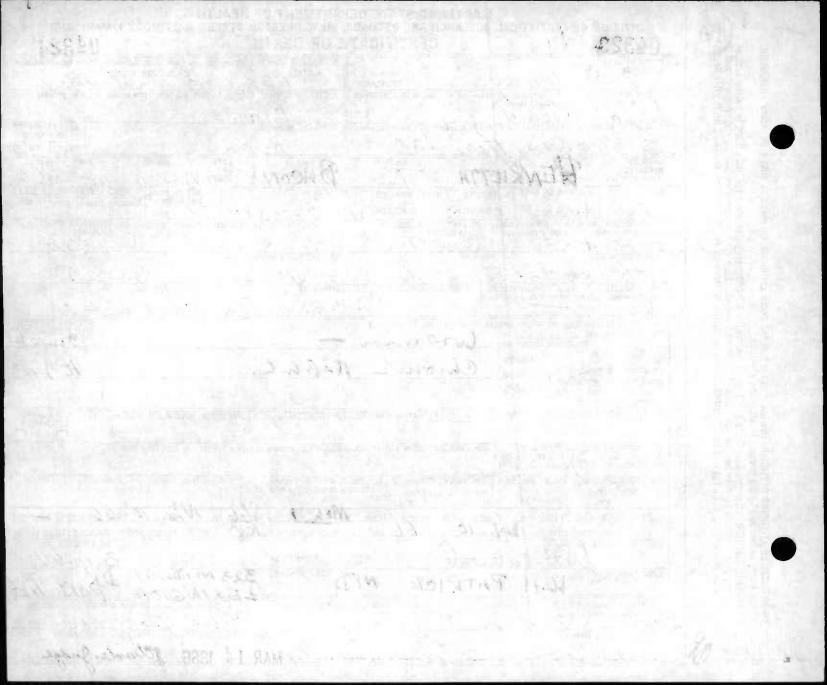
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and death. hours after death, PLACE DF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 2. ve carbon papers. Pages 1 event, within 72 hours after by the Pages 1 MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b (If outside corporete limits, write RURAL end give pearest town) c. CITY OR TOWN 9 attending physician and completely filled in rmit. Then please remove carbon papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 05 NO A YES executed within DATE NAME DE Middle Month Yeer 4. Day DECEASED 196 (Type or print) DEATH 6. COLOR OR AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 8. OATE 9. NEVER MARRIED 7. MARRIED Months I Days Hours any GRO X DIVORCED WICOWED TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician a director, page 3 should be detached for use as the burial-transit permit. Then please I should be filed with the State Dept. of Health prior to burial, cremation, or removal and in 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR ACE (County & State, or foreign country) 12. CITIZEN OF WHAT 11. BIRTHPL death certificate be COUNTRY? during most of working life, even if retired) INOUSTRY HOUSE FATHER'S NAME comes 2 0 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 17. Address (Yes, no, or unkown) (If yes give war or dates of service) SAME INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), end (c).] TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 1100 IMMEDIATE CAUSE (a **OUE TO** Conditions, if any, which (b) rise to immediate **OUE TO** cause (a). stating underlying cause last, (c) CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMEO? NO T YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OFATH OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (County) (State) (City or town) factory, street, office bldg., etc.) Hour a.m. Not While While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from 1966, and that death occurred at 103 M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED 22b. ATTENDING PHYS. DIRECTOR M.O. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION. 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 1'2 1 REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25a. REC'D'BY 25b. VR A15 (4) 19 15M 4-64



0.106		STICAL RESEA			REET, BALTIMORE, MARYLA	AND 21201
0433	30		CERTIFICA	ATE OF DEATH		04325
o. COUNTY	. Mary s		MARYLAN	O STATE	(Where deceosed lived, if institutio b. COUNT	
b. CITY OR TOWN write RURAL o LEONARDT	(If autside corporate limi nd give neorest town) OWN	ts,	c. LENGTH OF STAY IN 16	,	outside corporote limits, write RURA	AL and give nearest town)
	ITAL OR INSTITUTION (IF		ve street oddress)	d. STREET ADDRESS 328 YORKT	OWN ROAD	o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)		irst ARR ETT	Middle	BECKER	4. DATE Month OF DEATH MARCH	Doy Year 5. 19 66
S. SEX	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH Nov.29, 188	9. AGE (In years 84 birthdoy) yrs.	Months Doys Hours Mi
10o. USUAL OCCUPATIO during most of workin	ON (Give kind of work doning life, even if retired)		D OF BUSINESS OR OUSTRY	11. BIRTHPLACE (Coun	ty & Stote, or foreign country) MASS.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	ALDEN BRI	ggs	*	14. MOTHER'S MAIDER	NAME Sampson	
Conditions, if on rise to immedia stoting the und	γ, which gove one couse (ο), lerlying couse	(c)	lanca	runna	of Recli	ONSET AND DEATH
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z					ONDITION GIVEN IN PART 1(o)	PERFORMED? YES NO
	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)				n Port I or Port II of item 18.)	
Hour o	o.m. 19	While ot work	Not While ot work	PLACE OF INJURY (Home, fo foctory, steet, office bldg., et	(c.)	(County) (State
	deceased alive an_	JARBOE	aNTE	thay death accurred of the physical Address T2d. Address	MED. STAFF DIRECTOR PHYS.	nd an the date stated ab 22b. DATE SIGNED MARYLAND
23o. BURIAL, CREMAT REMOVAL (Speci	fv)	1/00	23c. NAME OF CEMETERY		23d. LOCATION (City or Tow	
REMATION 24. FUNERAL DIRECT	MARCH	7.1966	CEDAR HIL	CEMETERY 250 RF	CD BY REGISTRAR 2Sb. REG	MARYLAND ISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 , should be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in apy event, within 72 hours after geath. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

W.CLARKE MATTINGLEY

LEONARDTOWN, MARYLAND

DATEAR

1966

2Sb. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	UZUUA	OFILL LOWIT	- OI DEATH		119.3	1.1.
1.	PLACE OF DEATH a, COUNTY		2. USUAL RESIDENCE	E (Where deceased lived, If inst	titution: Residence b	efore admission)
	ST. MARYS	MARYLAND	a. STATE MARYL	A NITO	ST.MARY	d
	b. CITY OR TOWN (if outside corporate limits. c. 1	ENGTH OF STAY IN 1b		outside corporate limits, wri		
	write RURAL and give nearest town) LEONARDTOWN				10	,
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital	al give street address)	d. STREET ADDRESS	ST.INIGOES	12-	e preintitor
		ii, give street address)	d. STREET ADDRESS		θ.	IS RESIDENCE ON A FARM?
	ST.MARYS HOSPITAL				YES	S NO X
3.	NAME OF First DECEASED	Middle	Last	4. DATE Month	Day	Year
	(Type or print) CHARLES	R. CARRO	LL	DEATH MARCH	6	19 66
5.	SEX 6. COLOR OR RACE 7. MARRIEO 1		. DATE OF BIRTH	9. AGE (In years)	IF UNOER 1 YEAR IF	
	MALE WHITE WICOWED	DIVORCEO 🗔	12/9/1881	04	Months Oays	Hours Min.
L0a	USUAL OCCUPATION (Give kind of work done 10h KIND O	F BUSINESS OR		unty & State, or foreign country) 12. CITIZEN OF	WHAT
lur	Ing most of working life, even if retired) INDUST	TRY			COUNTRY?	
13	RESTURANT OWNER RETI	RED	MARYLA		USA	
13.	FATHER S NAME		14. MOTHER'S MAIDE	N NAME		
	JAMES H. CARROLL		VIRGINI,	A DAVIS		
15 Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SOC	AL SECURITY NO. 17.	INFORMANT	Addres	s	
	NO	M	IRS MARGUERI	PE DALTON	SAME AS	# 2
1	18. CAUSE OF DEATH [Enter only one cause per line to	r (a), (b), and (c).]	- Annual Contract	· 11		AL BETWEEN
	PART I. DEATH WAS CAUSED BY:	118000	11 90	11. Vatoril of	ONSET	AND DEATH
	5400 IMMEDIATE CAUSE (a)	10 DE 1910	The same	William Land	sugar C	ray
	Conditions, If any, which \	5 4 4 //	what Va	1 /bana	1 10	101
	gave rise to immediate (b)	way h	in aceo,	1 ECUT	4	A
	cause (a), stating the OUE TO	-1-141/m	12/2	11.05/Ch	1 3	1 11 1
	underlying cause last. (c)	we wich	1 Kmi	heigh ton	ICR J	Cr M
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO OEATH BUT NOT RELAT	TED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN F		AS AUTOPSY ERFORMEO?
5					YES	NO A
=	20a. ACCIDENT WAS UNDERLYING 20b. DESCR	IBE HOW INJURY OCCUP	RREO. (Enter nature of	Injury In Part I or Part II of	f Item 18.)	
3	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
4	20c. TIME OF INJURY Month, Day, Year 20d. INJURY	OCCURRED 120e, PLAC	E OF INJURY (Home, far	m. 20f. (City or town)	(County)	(State)
<u> </u>	House one		y, street, office bldg., etc		(Obality)	(01210)
Ē	p.m. 19 at work	at work		100	, ,,	
-	21. I certify that (I) (this hospital) attended in	e deceased from	, 19,	67 to 3//	_, 19,60, that	(I) twel-last
	saw the deceased alive on	_1966 A and that	death occurred at	M, from the causes a		
	22a. SIGNATURE	1	ATTENDING M	ED OTAFF	22b. DATE SIGNE	
	James 1	M.O.	ATTENDING M. M. DI	ED. STAFF PHYS.	3/7/6	6
ļ	22c. PHYSIOTAN'S NAME (Type) TANDER D. TANDER		22d. AOORESS			
1	JAMES P. JARBOE M.	.D.	GREA	r MILLS, MARYLA	ND	
За	BURIAN CREMATION, 23b. DATE THEREOF 23c	. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county)	(State)
	BURIAL 3/8/66	ST.JAMES	CEMETERY	LEXINGTO	N PARK. M	0
24.		AOORESS			GISTRAR'S SIGNAT	
	P.B. ROBINSON LEONARD TOWN	6m _	A44 D 0	soco mi.	- Po D. 1.	10
	P.B. ROBINSON LEONARDTOWN	, MD.	DATER	1956 Jell	arely Judy	

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove canon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
04332
CERTIFICATE OF DEATH

-										oth had	E
1.	PLACE DF DEAT a. COUNTY					a. STATE		e deceased lived, If in	NTY		
		St. Marys		MAR	YLANO	1	Marylan	d	St.	Mar	78
	write RURAL	VN (if outside corpo . and give nearest t onard town	rate limits, own)	c. LENGTH OF STA	AY IN 1b			corporate limits, w	rite RURAL and	give nea	rest town)
			CION (if not in i	hospital, give street	addrocs)	d. STREET ADD	arlotte	патт	/	10 10 0	ESIDENCE
				iospitai, gire street	addiess						A FARM?
	St.	Marys Hos	pital			Ru	ral			YES	ND X
3.	NAME OF DECEASED (Type or print)	WILLIAM	First	Middle FITZHUGH	۳	Last HESLEY.	Jr 4. 0/				Year
5.	SEX	6. COLOR OR RAC	E 7 Mappin	NEVER MARRIE		B. DATE OF BIRT	~	10 ACE (In years	LIEUNDED 1 VE		966 DER 24 HRS
			7. WARRIE					last birthday)	Months Oay		
10.	male	white	WIDOWEC				6, 1981	84 yrs.			
dur	i. USUAL OCCUPATING most of work	TIDN (Give kind of wo ling life, even if reti	rkdone 1Db. (KIND OF BUSINESS O)R	11. BIRTHPLA	CE (County & S	State, or foreign countr	y) 12. CITIZ COUN		AT
	Retir			vil Service	e	M	arvland			ISA	
13.	FATHER'S NAM	ME				14. MOTHER'S		IE		1444	
		William F	Cheslo	ev (dec	c)		Mar	v E. Lvon	(a	lec)	
15	. WAS DECEASED	EVER IN U.S. ARMED	FDRCES? 16	. SOCIAL SECURITY N		INFORMANT	3.45	Addre			
(16	no no	(If yes give war or date		05 10 9053	W/ 4	lliam P	Charle	- (4 2	1	
		DEATH Enter only		line for (a), (b), and ((c)]	lliam R.	CHESTE	y same		NTERVAL	RETWEEN
		EATH WAS CAUSED		¢ -	1		d	5		NSET AN	D DEATH
	. / 0	IMMEDIATE CAUS	SE (a) 1	ob recur	uut !	coronary	Varon	1 bosy		Hista	mon
	420		JE TO	1	2		,				
	Conditions, If		(b) (15	Therosel	nox	w CVO	liseas	L		204	v
	gave rise to cause (a), s		JE TD						-	- /	
	underlying caus		(c)								
NO	PART II. DTHER	SIGNIFICANT CONDI		BUTING TO DEATH BUT	NOTRELA	TEO TO THE TERM	INAL DISEASE	CONDITIONGIVENIN	PART 1(a)		AUTDPSY
SAT			WAR SAID							YES T	ORMEO?
F	20a ACCIDENT	WAS HNDEDLVING	□ 20b.	DESCRIBE HOW INJU	IBY OCCII	DDEO (Enter not	ura of Inlury I	n Part I or Part II	of item 19)	159	140
CERTIFICATION	DR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING ING CAUSE OF DITTIFY MEDICAL EXAM	EATH MINER)	DESCRIBE HOW INDE	DRT OCCO	KKEO. (Eliter liat	are or injury i	III PALL I UL PALL II	л неш 10.,		
SAL	20c. TIME OF	INJURY Month, Day	y, Year 2Dd.	INJURY OCCURRED	20e. PLA	E OF INJURY (Ho	me, farm, 20	f. (City or town)	(County))	(State)
MEDICAL	Hour a.		While		factor	y, street, office bi	dg., etc.)			1	
Σ		m, 1				1/-	-	h = 10	16		
				ded the deceased t		you		toMan 12			
		ceased alive on_	man	12/19 66,	and that	death occurred	i atM	, from the causes			ed above.
	22a. SIGNATU	10/	4 .	7.		ATTENDING 1	MED.	STAFF -	22b. OATE		
		At our	Luy	an	M.D	. PHYS.	DIRECTO		3/1	2/66	
	22c. PHYSICIA NAME (7)	(mh)	-/			22d. ADORE	SS	3000000000			
	3	J. Roy	Guyther	r, M.D.		Me	chanic	sville. Ma	ryland		
23a	BURIAL, CREM	MATION, 23b. DAT	E THEREOF	23c. NAME OF C	EMETERY	OR CREMATDRY		LOCATION (City, t)	(State)
	REMDVAL (Sp Burial	eclfy) 3/15/	1661	All Fai	th C	ametany		Chamlatta	Wall	Managara 7	
24	. FUNERAL DIR		11 .	ADODECC	LUII O	25a	REC'D BY R	Charlotte	EGISTRAR'S S	GNATURE	and
		Welle	luna	n			AR 16	1966	iarley!	Judge	-
	P.	B. Robinso	n - Lec	onardtown.	Mary	Land DAT	EIII TO	1000	0	0	

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	Division of STATISTICAL	RESEARCH A	ND RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE,	MARYLAND	212
7.22	2		CERTIFICA	TE O	F DEAT	Н			

0433	3		CERTIFICA	TE OF DEATH		04328
PLACE OF DEATH o. COUNTY	ST. MARY 's		MARYLAND	2. USUAL RESIDENCE (o. STATE MARYL	Where deceosed lived, if institution: b. COUNTY	Residence before odmission) T. MARY B
write RURAL o	(If outside corporate limits, nd give nearest town) RDTOWN	С.	DOA	· ·	utside corporote limits, write RURAL (ond give neorest town)
d. NAME OF HOSP	ITAL OR INSTITUTION (If not	in hospitol, give	street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	ST. MARY & H	OSPITAL		POPE		YES NO 😡
3. NAME OF DECEASED (Type or print)	Firs MARY	it .	Middle	Lost Downs	4. DATE Month OF DEATH MARCH	Doy Year 20. 1966
S. SEX	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS. Onths Doys Hours Min.
	ON (Give kind of work done ag life, even if retired)	10b. KIND INDUS	OF BUSINESS OR TRY		/ & Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		X 400		14. MOTHER'S MAIDEN		
GEOR	GE EVANS	11/1/20		ANNIE	RALEY	
1S. WAS DECEASED EN (Yes, no, or unknown	VER IN U.S. ARMED FORCES? (If yes give wor or dotes of			7. INFORMANT LEWIS DOWNS	Address SAME AS # 2 ABC	OVE
Conditions, if or rise to immedia stoting the unc	ote couse (o),	(o) Sa (b) Eso	sho sho	Q Varia	temorphogo ies	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER	SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	INDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	/AS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER)	205. DESCRI	BE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II of item 1B.)	765 110
물 Hour d	JURY Month, Doy, Yeor o.m. 19	20d. INJUR While of work	Not While	PLACE OF INJURY (Home, for foctory, street, office bldg., etc		(County) (State)
saw the	tify that (I) (this has deceased alive an	oital) attended		n, that death accurred a	19, ta tM, fram causes and	, 19, that (I) (we) last d an the date stated abave
22a. SIGNATUR	then to	Jenn	unk	M.D. ATTENDING PHYS.	MED. DIRECTOR D STAFF PHYS. D	226. DATE SIGNED 3-2/-66
22c. PHYSICIAN NAME (Typ		. FENWICE	ж M. D.	22d. ADDRESS \	EONARDTOWN. MARY	LAND
230. BURIAL, CREMAT REMOVAL (Speci	TION, 23b. DATE THE		23c. NAME OF CEMETERY		23d. LOCATION (City or Town)	(County) (State)
24. FUNERAL DIRECT	TOR		ADDRESS	250 PSC	B BY RECISTRAP CO 25b. PEGIST	RAR'S SIGNATURE
W.CLARKE	MATTINGLEY	LEONARDI	OWN. MARYL	AND DATE	1 4 4 1300	and mage

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death

VR A15 (4) 20 M 1/66

MEDICAL OF ST. PARY S HERPITAL YaJAK alkid ENTER SECURING SAME AS LARGE AND A SECOND Jones Frankling in D. STATION OF STREET TOTAL YEAR OF THE LEGAL OF THE STATE OF THE

FOR STATE

FOR STATE HEALTH DEPT.

delay is

pages 1 and 2 with the 51 te Department of Health or its designated agent, prior ta burial, cremation, ar remaval, and in any event within 72 hours after death. 5 may be retained far yaur files. **TO FUNERAL DIRECTOR:** Page 3 should be used as a burial-transit permit. File

VR A15ME (5)

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral directar. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page

This certificate shauld be executed within 24 haurs after death. If

TO DEPUTY MEDICAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Thems 11, MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	4	3	2	0

U400	9 9								13 75	4.7
1. PLACE OF DEAT					2. USUAL RESIDENCE	(Where decea			fore admission	n)
a. COUNTY	St. Mary's		MARYLA	ND	o. STATE Mary	Land	p COUN	St. M	ary's	
	N (If autside carparate limits,		c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If o	outside carpor	ote limits, write RUR	AL ond give neo	rest town)	Till
	and give nearest tawn)	1			Rural		Scotland	/	2-1	
	PITAL OR INSTITUTION (If nat in		ve street address)		d. STREET ADDRESS		DCG OTTAL		e. IS RESII	DENCE
									ON A F	NO 🗌
3. NAME OF DECEASED	First		Middle		Last	4. DATE OF	March	26	ay Ye	or 66
(Type ar print)	Arthur		Chester		Eddy	DEATH			19	
S. SEX Male	7.70. 2 4. 4		NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1 YEA Manths Day		R 24 HRS. Min.
		WIDOWED	DIVORCED		SEPT. 30,18			100000000	05.440147	
10a. USUAL OCCUPAT	TION (Give kind af wark dane ing life, even if retired)		ID OF BUSINESS OR BUSTRY		11. BIRTHPLACE (Stat			12. CITIZEN COUNTR	OF WHAT	
GARPEN	TER				Okoboji.		MASS	U.S.	Α.	
13. FATHER'S NAM	E				14. MOTHER'S MAIDEN	NAME				
	2 Osborne E	ddv				3/	Many	V Cunz		
	EVER IN U.S. ARMED FORCES?		OCIAL SECURITY NO.	17. 1	NFORMANT	//	Addres	ss	CCII	
No No	(if yes give war ar dates of se	010	-14-4618	MAR	Y LORETTA	EDDY	SCOTLAND	MARY!	AND	
	DEATH (Enter anly ane cause)	_							INTERVAL BET	
	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)			RTIC	STENOSIS				ONSET AND [HTAB
42		- On	101110	44.4	0411100,10					
	any which days)									
rise ta immed	liate cause (a),									
stating the u	iderlying cause									
	(c)	DIDUTING T	DEATH BUT NOT BELAT	TD TO T	UE TERMINAL DISEASE CO	MOITION CIV	CM (N. DADT 1/-)		19. WAS AUT	NPSV
S PAKI II. UINE	SIGNIFICANT CONDITIONS CONT	KIBUTING I	DEATH BUT NOT KELAT	ו טו טו	HE TERMINAL DISEASE CO	אוט אטוווטאל	EN IN PART I(0)		PERFORM	ED?
NO ZOO. EXTERNA PRIMARY OF DEAT	CAUSE WAS	T and Dee	chine House Million occ	UDD CD	te	D	. 11 () 15)		YES X	NO
E 20a. EXTERNA PRIMARY □ or	CONTRIBUTING	20b. DES	CKIRE HOW INJURY OCC	URRED.	Enter nature af injury in	Part I ar Pa	rf 11 at item 18.)			
20c. TIME OF Hour	INJURY Manth, Day, Yeor	20d. IN. While	JURY OCCURRED 2 Nat While —		E OF INJURY (Home, fai ory, street, affice bldg., et		(City or town)	(Caunty)	((State)
×	p.m. 19	at wark		1001	ory, sireer, arrice biag., en					
21. I cer	tify that I took charge o	f the rem	oins described obo	ve, he	ld on Autopsy	Inspect	ion , Inqu	iry 🗍 , o	nd in my	opiniar
death re	sulted fram: Notural o	ouses x	. Accident .	Suici	de . Homicid	e 🗍 U	Indetermined mo	nner	ŕ	
		-	21		CHIEF MEDICA	L EXAMINER				
ACTUAL SIGNATURE	Merren	9	(-		M.D. ASSISTANT ME	DICAL EXAMI	VER X	. 07 (6	22. DATE	SIGNED
EXAMINER'S NAME (Type)	Werner U.	Spilz	, M. D.		DEPUTY MEDI Address (Stre			h 27 66		
23a. BURIAL, CREM)F	23c. NAME OF CEMETE	RY OR	REMATORY	23d. L	OCATION (City or Taw	/n) (Cou	nty) (S	tate)
BUR IAL	cify) MARCH 28	1966	EBENEZ	ER (EMETERY	CA	LIFORNIA,		MARYLA	ND
24. FUNERAL DIRE		. , , , ,	ADDRESS			D BY REGIST	RAR 2Sb. REG	STRAR'S SIGNA	TURE	_
W-CLARKE	MATTINGLEY 1	FONAR	DTOWN MAR	VIAN		R Z 9	1956 /	Marley	Judge	-

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CHILDREN OF A DO NOT A YES JOSES. The THIS

FOR STATE HEALTH DEPT

any delay is

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the function of the forwarded to the Chief Medical Examplifier's Office along with form PM3. Page

VR A15ME (50)

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

rer's Office along with form PM3. Page pages 1 and 2 with the State Department of Health or its designoted agent, prior to burial, cremotion, or removal, and in any event within 72 hours ofter death. 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File

1 DI	ACE OF DEATH			<u> </u>	11 2 11	CITAL DECIDENT	E (Where deceosed	lived if inctions	tion: Pasidance L	ofore admission
	COUNTY	ST. MARY	18	MAI		. STATE	YLAND	b. COU	NTY	MARY S
b.	CITY OR TOWN write RURAL o	(If outside corporate limit	ts,	c. LENGTH OF STAY	IN 1b c. Cl		f outside corporate	limits, write RU		
		POINT		LIFE			POINT			18-1
d.	NAME OF HOSP	ITAL OR INSTITUTION (If n	ot in hospitol, g	ive street oddress)	d. S	TREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
DI (T	AME OF ECEASED ype or print)	GEORGE	rst	Middle ELMER	Go	Lost	4. DATE OF DEATH	Mon		19 66
S. SE	X	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED B. DAT	E OF BIRTH	9. 1	GE (In years ost birthdoy)	IF UNDER 1 YEA	R IF UNDER 24 HR
	ALE	WHITE	WIDOWED	DIVORCI	ED Aug.	20, 18	398	67 yrs.	MOITHIS DO	kz Lioniz Willi
		ON (Give kind of work done ig life, even if retired) MAN		ND OF BUSINESS OR DUSTRY	11.	BIRTHPLACE (S	ote or foreign coun	YLAND	12. CITIZEN COUNTI	RY?
13. F	ATHER'S NAME				14.	MOTHER'S MAID	EN NAME			U . A .
	Ro	DY GODDARD				E	IZABETH	7		
15. 1		/ER IN U.S. ARMED FORCES? (If yes give wor or dotes	16. 5	OCIAL SECURITY NO.	17. INFORM			Addr	ess	
(Tes,	no, or unknown	Ill yes give wor or dotes	of service)	/						
			12.7	0_16_8993	A ETHEL	G. Gon	APD PIN	EV POLA	IT MADY	LAND
	18. CAUSE OF I	DEATH (Enter only one con ATH WAS CAUSED BY:	use per line for	0-16-8993 (o), (b), ond (c).)	A ETHEL	G. GODI	DARD PIN	EY POLI		INTERVAL BETWEEN ONSET AND DEATH
	18. CAUSE OF I PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE	(o)		Lary V	G. GOD	retwi	EY POLI		INTERVAL BETWEEN
	PART 1. DE 420	ATH WAS CAUSED BY: IMMEDIATE CAUSE DUE	(o)		A ETHEL	S. GOD	erction	EY POIN		INTERVAL BETWEEN
0	PART I. DE 420 Conditions, if on ise to immedia	ATH WAS CAUSED BY: IMMEDIATE CAUSE DUE Y, which gove ofe couse (o),	(o) TO (b)		A ETHEL	G. GOD	eretwi	EY PO11		INTERVAL BETWEEN
1 2	PART I. DE 420 Conditions, if on	ATH WAS CAUSED BY: IMMEDIATE CAUSE DUE Y, which gove ofe couse (o),	(o) TO TO		A ETHEL	S. God	retus	EY PO11		INTERVAL BETWEEN
C r s la	PART I. DE +20 Conditions, if on ise to immedia toting the und ost.	ATH WAS CAUSED BY: IMMEDIATE CAUSE DUE Y, which gove ofe couse (o),	(o)	(o), (b), ond (c).)	iany '	lay	retion	~	,	INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED?
CERTIFICATION	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE Y, which gove off couse (o), erlying couse SIGNIFICANT CONDITIONS CONTRIBUTING	use per line for (o) TO (b) TO (c) (c) CONTRIBUTING TO	(o), (b), ond (c).)	LATED TO THE TER	Infe	CONDITION GIVEN I	N PART 1(o)	,	INTERVAL BETWEEN ONSET AND DEATH
L CERTIFICATION	PART I. DE Londitions, if on ise to immediatoting the und ost. PART II. OTHER CAUSE OF DEATH HOUR OF IMME OF IMMEDIA	ATH WAS CAUSED BY: IMMEDIATE CAUSE Y, which gove the couse (o), erlying couse SIGNIFICANT CONDITIONS COUSE AUSE WAS OUTRIBUTING JURY Month, Doy, Yeor	use per line for (6) TO (b) TO (c) CONTRIBUTING TO 2Db. DES	O DEATH BUT NOT RE	ELATED TO THE TER DCCURRED. (Enter I	Inf	CONDITION GIVEN I	N PART 1(o)	,	INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	PART I. DE 4 2 0 Conditions, if on ise to immediate toting the undost. PART II. OTHER 12 200. EXTERNAL CAUSE OF DEATH. CAUSE OF DEATH. Hour o	ATH WAS CAUSED BY: IMMEDIATE CAUSE Y, which gove the couse (o), erlying couse SIGNIFICANT CONDITIONS CONTRIBUTING JURY Month, Doy, Yeor	Juse per line for lin	O DEATH BUT NOT RE CRIBE HOW INJURY (JURY OCCURRED Not While of work	ELATED TO THE TER OCCURRED. (Enter of I foctory, stro	AMINAL DISEASE Inoture of injury INJURY (Home, eet, office bldg.,	CONDITION GIVEN I in Port I or Port II form, 20f. (6	N PART 1(o) of item 1B.) Lity or town)	(County)	INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	PART I. DE 4 2 0 Conditions, if on ise to immediate toting the undost. PART II. OTHER 12 200. EXTERNAL CAUSE OF DEATH. CAUSE OF DEATH. Hour o	ATH WAS CAUSED BY: IMMEDIATE CAUSE Y, which gove the couse (o), erlying couse SIGNIFICANT CONDITIONS COUNTRIBUTING JURY Month, Doy, Yeor .m. 19 fy that I taok charg	use per line for in (o)	O DEATH BUT NOT RE CRIBE HOW INJURY (JURY OCCURRED Not While of work	ELATED TO THE TER OCCURRED. (Enter of I foctory, stro	RMINAL DISEASE noture of injury NJURY (Home, eet, office bldg., Autopsy	CONDITION GIVEN I in Port I or Port II form, 20f. (i etc.) 20f. (i	N PART 1(o) of item 1B.) Lity or town)	(County)	INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES NO (Stote)
MEDICAL CEKTIFICATION	PART I. DE 4 2 0 conditions, if on ise to immedia toting the und ost. PART II. OTHER 12 200. EXTERNAL (CAUSE OF DEATH Hour of PART III. THE OF IN HOUR OF PART III. TH	ATH WAS CAUSED BY: IMMEDIATE CAUSE Y, which gove the couse (o), erlying couse SIGNIFICANT CONDITIONS COUNTRIBUTING JURY Month, Doy, Yeor .m. 19 fy that I taok charg	use per line for in (o)	ODEATH BUT NOT RECRIBE HOW INJURY OF OTWORK ON THE OTWORK OF OTWOR	ELATED TO THE TER OCCURRED. (Enter of foctory, strophove, held an	RMINAL DISEASE moture of injury NJURY (Home, eet, office bldg., Autopsy [], Hamic	CONDITION GIVEN I in Port I or Port II form, 20f. (i etc.) 20f. (i	N PART 1(o) of item 1B.) City or town)	(County)	INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES NO (Stote) Ind in my opinion
MEDICAL CERTIFICATION	PART I. DE + 2 0 conditions, if on ise to immedic toting the und ost. PART II. OTHER 200. EXTERNAL C CAUSE OF DEATH Hour o P 21. I certi	ATH WAS CAUSED BY: IMMEDIATE CAUSE Y, which gove the couse (o), erlying couse SIGNIFICANT CONDITIONS COUNTRIBUTING JURY Month, Doy, Yeor .m. 19 fy that I taok charg	use per line for in (o)	ODEATH BUT NOT RECRIBE HOW INJURY OF OTWORK ON THE OTWORK OF OTWOR	ELATED TO THE TER OCCURRED. (Enter of foctory, strophove, held an	RMINAL DISEASE noture of injury NJURY (Home, eet, office bldg., Autopsy [], Harnic CHIEF MEDI	CONDITION GIVEN I in Port I or Port II form, 20f. (i etc.) 20f. (ii de [], Unde	N PART 1(o) of item 1B.) City or town)	(County)	INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES NO (Stote)
MEDICAL CERTIFICATION	PART I. DE 1 Conditions, if on ise to immedicate the und ost. PART II. OTHER 200. EXTERNAL (PRIMARY OF CAJUSE OF DEATH CAJUSE OF DEATH COLOR 21. I certicate the color death resulactions.	ATH WAS CAUSED BY: IMMEDIATE CAUSE Y, which gove the couse (o), erlying couse SIGNIFICANT CONDITIONS COUNTRIBUTING JURY Month, Doy, Yeor .m. 19 fy that I taok charg	20d. IN While of the remote courses	ODEATH BUT NOT RECRIBE HOW INJURY OF OTWORK ON THE OTWORK OF OTWOR	20e. PLACE OF i foctory, strubbove, held an , Suicide [RMINAL DISEASE NOTUTE of injury NURY (Home, eet, office bldg., Autopsy [], Hamic CHIEF MEDI ASSISTANT DEPUTY ME	CONDITION GIVEN I in Port I or Port II form, 20f. (i etc.) Under	N PART 1(o) of item 1B.) City or town) etermined m	(County)	INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES NO (Stote) Ind in my opinion
MEDICAL CERTIFICATION	PART I. DE ### DESCRIPTION OF THE PART II. OTHER 200. EXTERNAL OF PRIMARY OF CAUSE OF DEATH 201. I certification of the part of the par	ATH WAS CAUSED BY: IMMEDIATE CAUSE Y, which gove the couse (o), erlying couse SIGNIFICANT CONDITIONS CO AUSE WAS ONTRIBUTING JURY Month, Doy, Yeor Im. 19 Ty that I taok charg Ited from: Natura Natura Non, 23b. DATE TH	zose per line for la (o) TO (b) TO (c) 20b. DES 20d. IN While of the rem of couses	ODEATH BUT NOT RECRIBE HOW INJURY OF Work Of Work Of Accident Common Com	20e. PLACE OF I foctory, structure [RMINAL DISEASE INJURY (Home, eet, office bldg., Autopsy, Hamic CHIEF MEDI ASSISTANT I DEPUTY ME Address (ST	CONDITION GIVEN I in Port I or Port II form, 20f. (6 etc.) 20f. (6 CAL EXAMINER CAL EXAMINER CICAL EXAMINER [reet, city, town, or	N PART 1(o) of item 1B.) City or town) etermined m	(County)	19. WAS AUTOPSY PERFORMED? YES NO (Stote)

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SUCCESS SECTION ASSESSED PROPERTY DESCRIPTIONS

CURRAL BARRY J. 1 SO ST. TERRETOR VALUEY LEE, CARVEARD

4.14YFA (1895, d. 1815) Y. J. V. J. V. T. M. J. V. J.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and any event, within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND

	04336 CER	TIFICATE	OF DEATH		04331
1.	PLACE OF DEATH a. COUNTY St.Mary's	MARYLAND	a. STATE Maj		.Mary's
	write RURAL and give nearest town)	OF STAY IN 1b		outside corporate limits, write RURAL	and give nearest town)
	Leonardtown		Calla	way	18-1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give s	street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	St. Mary's Hospital				YES NO
3.	NAME OF DECEASED (Type or print) had a first Girl) Mid	idle	Last eenwell	4. DATE Month OF DEATH March 10	Day Year
5.	Induction - V		. DATE OF BIRTH	9. AGE (In years IF UNDER	
-	/ MARKIED NEVER	MARKIED		last birthday) Months	Days Hours Min.
	2.08.0	IVORCED	March 9 190		ITIZEN OF WHAT
dur	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) 10b. KIND OF BUSIN INDUSTRY	NESS OR	St. Mary	0 700 / 00	ITIZEN OF WHAT OUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAID	EN NAME	
	Eugene Arthur Daley	27 13	Mary (Catherine Greenwell	
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECU	RITYNO. 17.	INFORMANT	Address	
(Ye	es, no, or unkown) (If yes give war or dates of service)	18	24 42		
	140		Mother		- INTERNAL DESIGNAL
	18. CAUSE OF OEATH [Enter only one cause per line for (a), (b)), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)				
	7699 DUE TO 0	17.	1 4		
	Conditions, If any, which) (b) Prematice	- burt	h		duy_
	gave rise to Immediate	1	11		1211
	underlying course less	and mi	then		2 days
N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	THEIT MOT DELAT	TED TO THE TERMINAL O	DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
ATIC	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DELA	THE DOT NOT KEEK	IED TO THE LEXIMINAL L	NOLAGE CONDITION OF LATTICE AND LACE	PERFORMED?
FIC					YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HO OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCUI	RRED. (Enter nature of	f injury in Part I or Part II of Item 18	.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCUP	RRED 120e, PLAC	E OF INJURY (Home, fa	arm, 20f. (City or town) (Cor	unty) (State)
MEDICAL	Hour a.m. p.m. 19 While Not While at work at work	le factor	y, street, office bldg., e		
	21. I certify that (I) (this hospital) attended the dece	ased from	Mund of, 1	86 to le 10, 196	that (I) (we) last
	saw the deceased alive on Man (9 196		death occurred at	M, from the causes and on t	
П	22a. SIGNATURE	and that	additi doddii da at		DATE SIGNED
	MM3.	M.D.		MED. DIRECTOR D STAFF DIRECTOR DIRECTOR DIRECTOR D PHYS. D	16.6
	22c. PHYSICIAN'S	WI.D.	22d. ADDRESS	DIRECTOR - FRITS T	146
	NAME (Type) Philip J.Bean M.D.			Great Mills, Marylar	nd
238	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAM	E OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or co	unty) (State)
	CREMOVAL (Specify) 2/11/1/	+ MA3	rks	Valley Lee.	11/12
24	FUNERAL DIRECTOR MALTINGLY'S ADDR	Essteonard	town, Mesa RE	C'D BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE
1	N. Clorke Mattindy Lone	Atr.	and DATER	15 1956 JCharle	

VR A15 (4) 15M 4-64 a lettide, Jo STREET, SE WANTED TO isatireon a tre... Lievimore The personal control of the same War week to this

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

Item 18 Film G375 3/24/MARYTAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0433	7		CERTIFICA	ATE OF DEATH		1	14332
PLACE OF DEATH O. COUNTY	ST. MARY S		MARYLAND	o. STATE	E (Where deceased lived, if in b.	COLINITY	ce before odmission) T. MARY 8
b. CITY OR TOWN write RURAL or LEO NARDT	(If outside corporate limits, and give neorest town) OWN		c. LENGTH OF STAY IN 16		f outside corporate limits, wri	te RURAL ond give	18-1
	TAL OR INSTITUTION (If not	, ,	ive street oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Firs	t	Middle	Lost	4. DATE OF DEATH MAR	Month	Doy Year 13 19 66
5. SEX	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In ye	ors IF UNDER 1	
100. USUAL OCCUPATIO during most of working	N (Give kind of work done life, even if retired) MANAGER	GUY	ND OF BUSINESS OR DUSIRY CHEVROLET	11. BIRTHPLACE (COL	unty & Stote, or foreign country) MARY LAND	COL	TIZEN OF WHAT UNTRY?
13. FATHER'S NAME	RICHARD THOM			14. MUTHER 3 MAID	EN NAME RET MARY JONE		
1S. WAS DECEASED EV (Yes, no, or unknown)	ER IN U.S. ARMED FORCES? (If yes give war or dotes of	service)		17. INFORMANT		Address MENTS, N	ARYLAND
Conditions, if on rise to immedio stoting the under last.	te couse (o), erlying couse	te. Ca	at fai un Fling TPMn	spilat.	em		ONSET AND DEATH
PART II. OTHER S 200. ACCIDENT W/ OR CONTRIBUTION	IGNIFICANT CONDITIONS CO				CONDITION GIVEN IN PART 1(19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	205. DES	SCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury	in Port I or Port II of item 1	8.)	
Hour o.	URY Month, Doy, Yeor .m. 19	20d. IN While of work	Not While	PLACE OF INJURY (Home, foctory, street, office bldg.,		rn) (Cou	unty) (Stote)
	i fy that (I) (t his heep deceased alive an 3.	ital) attend	ded the deceased fran 19 <i>66</i> , and	nthat death accurred	at, ta		, that (I) (we) la: he date stated above
22o. SIGNATURE	bua	wa	uil	M.D. PHYS.	MED. STAFF PHYS.	22b. DA	ATE SIGNED
22c. PHYSICIAN' NAME (Type	Michael	Baux.	wich , me.	22d. ADDRESS	Cermonar	Du, c	ud
230. BURIAL, CREMATI BURIAL (Specif			23c. NAME OF CEMETERY SACRED H_A	OR CREMATORY RT CEMETERY	23d. LOCATION (City Bushwood		(County) (State)
24. FUNERAL DIRECTO		LEONAR	ADDRESS F		RECID BY REGISTRAR 25	D. REGISTRAR'S SI	IGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and shauld be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in parevent, within 72 hours after deather. VR A15 (4) 20 M 1/66

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MISSO P. SCHOOL IN BUILDING STREET, THE CASE

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SURLAC SARDA 16,1500 SAC FOR HART CONTANT CONTANT

" LARKE ATTICLY LEGIN DOTON, ARYLITE

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04338 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY b. COUNTY ST. MARY 8 ST. MARY 18 MARYLAND MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 20 HRS LEONARDTOWN LEONARDTOWN d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? ST. MARY'S HOSPITAL YES NO X ST CLEMENTS SHORES 3. NAME OF Middle Lost 4. DATE Year DECEASED JOHN LEWIS RUSSELL DEATH 19 66 MARCH (Type or print) S SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours WIDOWED DIVORCED JULY 16,1890 MALE WHITE 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? S MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN RUSSELL MARY ALICE ABEL 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes. no. or unknown) (If yes give wor or dates of service) No 578-50-2243 MRS LILLIAN LARUSSELL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION YES [NO 20o. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (I) (this haspital) attended the deceased fram 19 . ta 19___, that (I) (we) last M. from causes and on the date stated abave. sow the deceosed olive on. , and that death accurred of 22b. DATE SIGNED 220. SIGNATURE M.D. PHYS. 22d. ADDRESS 22c. PHYSICAN'S NAME (Type) JOHN F. FENWICK M. D. LEONARDTOWN. MARYLAND BURIAL, CREMATION,
REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) MARCH 10.1968 ALOYSIUS CEMETERY LEONARDTOWN, MARYLAND 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

LEONARDTOWN, MARYLAND

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death funerol 000 after by In. Poges 1 within 72 hours popers. = filled nod completely 9 remove puo , and in pleose physician offending phys buriol, cremation, or removal permit. buriol-transit py **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or ottending physicion. signed as the hos letached for use Dept. af Health p use this certificote detached State TO FUNERAL DIRECTOR: After pe director, page 3 should should be filed with the

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VR A15 (4) 20 M 1/66

W. CLARKE MATTINGLEY

86840 MIAJVA. STARY : STARY . TO STYRAL T Newstanners and 13 or, May a Honeltan . To Stemme Bunner HORAN BEN JANUARY BENESAN HERS UULY), i ALLE U DIAMY AND THE PROPERTY OF THE PARTY OF TH TOO DO SEE THE PARTY OF THE PROPERTY OF THE PARTY OF THE USAN F. - - P. F. P. P. COMMINYORS, MARYLAND BURNEL TOWN 10,1500 Jr. REDVOIDE CENTERNY I LOSSAN TOWN, SARVEAND W. CLAUSE LA PERSON DE L'ORDINATION DE L'ANGENT DE L'A

Division of STATISTICAL RESEARCH AND Item 9 Film G379 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

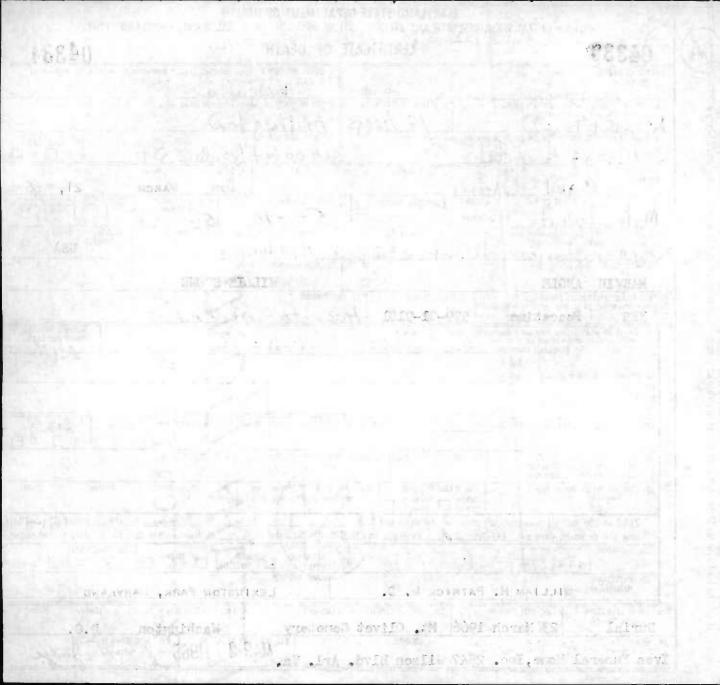
10		1
\$P	after death.	the funeral ges 1 and after death

ithin 24 haurs

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and candle by filled in by tadicector, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pa shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be execute Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

	04339	CERTIFICATE	OF DEATH		04334
1.	PLACE OF DEATH O. COUNTY S+ M ARRA	MARYLAND	O. STATE VIRE	b. COUNT	/
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	ARlinas	de corparate limits, write RURA	83-3
0/	d. NAME OF HOSPITAL OR INSTITUTION (If not in by Marry's Hospita		2400 N.F.	loxida. St	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) CAZI SA	Middle		4. DATE Month OF DEATH MARCH	
	Male white w	IDOWED DIVORCED	5-8-10	9. AGE (In years last birthdoy) 5765 55 yrs.	Months Days Haurs Min.
dur	. USUAL OCCUPATION (Give kind of work dane ing mast of working life, even if retired) AMA O SERVICE FATHER'S NAME	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & S A A A A A A A A A A A A A A A A A A A	na	12. CITIZEN OF WHAT COUNTRY ?USA
	MARVIN ANGLE		WILL	IE STONE	
	WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, or unknown) (If yes give war ar dates af serv YES Peacetime	579-01-9101 He	nformant aspital A	Pecard 5	is
	18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)	CORONARY	THRON BO		INTERVAL BETWEEN ONSET AND DEATH
ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI				19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. (
MEDICA	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	While at wark of work factor	E OF INJURY (Home, form, ary, street, affice bldg., etc.)	20f. (City ar town)	(County) (State)
		PATRICK M. D.	ATTENDING PHYS. DI 22d. ADDRESS LEXI	D. STAFF RECTOR PHYS. D	and on the date stated above 22b. DATE SIGNED 3-24-66
230	BURIAL, CREMATION, BEMOVAL (Specify) 23 March	1966 Mt. Olivet C	emetery	23d. LOCATION (City or Tow Washington	D.C.
3	JUNERAL DIRECTOR & Sangs	ADDRESS	2So. RICO B	2 4 1966 ZSb. REG	SISTRAR'S SIGNATURE



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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

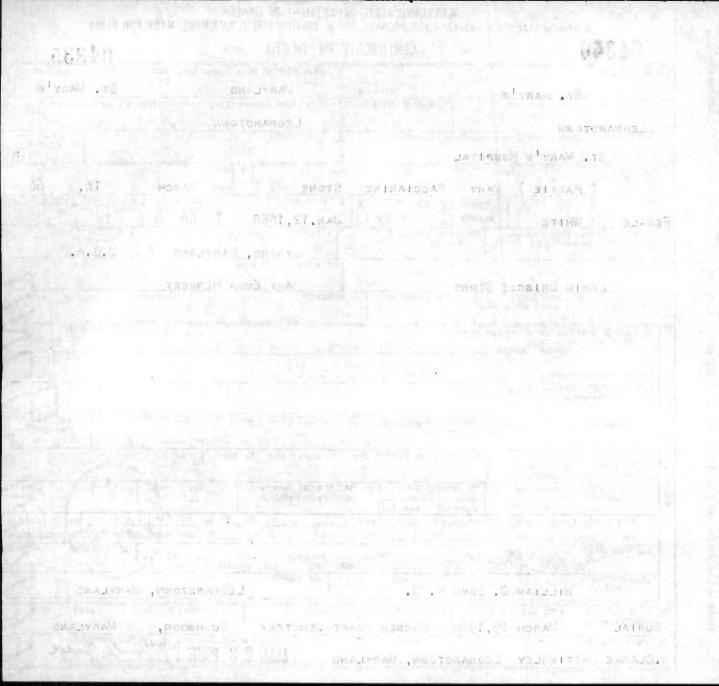
04340

CERTIFICATE OF DEATH

04335

020		100				112300				
1. PLACE OF DEAT	H					tutian: Residence before odmission)				
a. COUNTY			MARYLAND	a. STATE MARY	1 AND b. ((ST. MARY S				
b city on town	ST MARY N (If outside carparate lim	8	c. LENGTH OF STAY IN 16		outside carporote limits, write I					
write RURAL	and give nearest town)	its,	C. LENGIN OF STAT IN ID	C. CITT OK TOWN (II	outside carporote ilmits, write i	KUKAL ONG GIVE HEOREST TOWN)				
	RDTOWN			LEONA	RDTOWN	18-1				
d. NAME OF HOS	PITAL OR INSTITUTION (If	not in haspital,	give street address)	d. STREET ADDRESS		e. IS RESIDENCE				
	ST. MARY S H	OSPITA	L			ON A FARM? YES NO >				
3. NAME OF		First	Middle	Lost		onth Doy Year				
(Type or print)	(PATTIE)	MARY	PACCIARINE	STONE	DEATH MARCH	16. 1966				
. SEX	6. COLOR OR RACE	7. MARRIED		8. DATE OF BIRTH	9 AGE (In years	I IF UNDER 1 YEAR IF UNDER 24 HRS				
	or coron on mace				lost birthday)	Months Days Haurs Min.				
FEMALE	WHITE	WIDOWED		JAN. 12, 188	0 86 yrs					
	ION (Give kind af wark dan		CIND OF BUSINESS OR	11. BIRTHPLACE (Cour	nty & Stote, or foreign country)	12. CITIZEN OF WHAT				
uring mast at wark	ing life, even if retired)		NDUSTRY	DVAIAS	D. MARYLAND	COUNTRY?				
3. FATHER'S NAME				14. MOTHER'S MAIDE		0,0,4,				
J. TATTICK S NAME				14. MOTHER'S MAIDE	ii iirani.					
	EWIS BRIGG	E STON	Ε3	MARY	EMMA HERBERT					
1S. WAS DECEASED	EVER IN U.S. ARMED FORCES	? 16.	SOCIAL SECURITY NO. 1	7. INFORMANT		dress				
(Yes, na, ar unknow	n) (If yes give war ar dates	at service)								
Table Same			() () () ()			INTERVAL DETRACES				
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH									
FAKI I. L	IMMEDIATE CAUSE (a) Wreman 2 wife									
440	Conditions, if any, which gave) (b) Carolis varcular renal diseas 5 year									
Conditions, if o	iny, which gave)	(b)	Cardin	usoulus.	hen-Odes	es Sycar				
	interquee (a)	(-)			DO PLACE DOOR	1				
stoting the un	iderlying cause	IE TO								
last.)	(c)								
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELATED 1	TO THE TERMINAL DISEASE O	CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY				
20g. ACCIDENT			a. M 3.	reast / po	at surgice	PERFORMED?				
3		1	<u></u>			115 110 100				
20a. ACCIDENT	WAS UNDERLYING □ ING □ CAUSE OF DEATH	20b. D	FREE HOM MANJURY OCCURRI	ED. (Enter noture of injury i	in Port 1 or Port II of item 18.)					
(IF EITHER, NOT	IFY MEDICAL EXAMINER)	00								
	NJURY Month, Day, Yeor	20d.	INJURY OCCURRED 20e.	PLACE OF INJURY (Home, fo	orm, 20f. (City or town)	(County) (Stote)				
Hour	a.m.	Whil	e Not While	foctory, street, affice bldg., e						
	p.m. 19	I di wa		A		P				
21. I ce	rtify that (I) (this ho	spital) atter	nded the deceased fram	Jan 15	, 1960, to Mar	416 1966, that (1) (we) lo				
saw the	deceased alive an_	Mari	04 15 19 6 C, and t	Wat death accurred	at 1 P M, fram cause	es and an the date stated above				
22g. SIGNATU		00	0			22b. DATE SIGNED				
	ATTENDING MED. STAFF									
DO- DUVERCIA	Nic W		111	M.D. PHYS. LT	DIRECTOR L PHIS.					
22c. PHYSICIA NAME (Tr		D Pau	- M D	220. ADDRESS	LEGUADOTOWN	Manys and				
ISMAN (1)	(Pe) WILLIAM	U. DOY	D M. U.		LEONARDTOWN	WARTLAND				
23a. BURIAL, CREMA	ATION, 23b. DATE T	HEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City or	Town) (County) (Stote)				
BURIAL (Spe	A.A.	19,196	-	ART CEMETERY		MARYLAND				
		17,190			CID DV DECISTORS					
24. FUNERAL DIRE	LIUK		ADDRESS		C'D BY REGISTRAR 25b	REGISTRAR'S SIGNATURE				
W.CLARKE	MATTINGLEY	LEONA	ROTOWN. MARYL	AND MAR	2 2 1966 8	marces Judge				

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician that impletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please terrive carban papers. Pages 1 and 2 should be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0434	1		CERTIFICAT	E OF	DEATH				043	388	
	PLACE OF DEATH						Where dece	eosed lived, if institu		nce befor	e admissi	on)
	s. COUNTY St	. Mary's		MARYLAND	0.	Mary]	land	b. COL		Mar	y's	
	b. CITY OR TOWN (I	c. Cl	TY OR TOWN (If or	utside carpo	orote limits, write Rl	JRAL ond giv	ve neares	t town)	11310			
	Patuxen	give neorest town) t River		l hr 50 min		Lexir	gton	Park		18	- /	
-	d. NAME OF HOSPITA	AL OR INSTITUTION (If r	ot in haspital, g	ive street oddress)	d. S	REET ADDRESS					e. IS RESI ON A F	DENCE
	NAS Sta	tion Hosp	ital			19 Of	fice	rs Court			YES 🔲	NO X
	NAME OF DECEASED	F	irst	Middle		Lost	4. DATE	Mor	ith	Doy	Ye	ear
	(Type or print)	Ba	aby	Girl	ſ	Tate	DEAT	March	2			66
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DAT	OF BIRTH		AGE (In years lost birthday)	IF UNDER Months	1 YEAR Days	IF UNDE Hours	R 24 HRS.
Fe	emale	Cau	WIDOWED	DIVORCED	Mar	ch 2, 19	966	Yrs.	Monnis	Duys	1	Min. 50
	. USUAL OCCUPATION ng most of working	(Give kind of work dand ite, even if retired)		ND OF BUSINESS OR DUSTRY		BIRTHPLACE (County				ITIZEN OF OUNTRY?		No.
						t. Mary		aryland				
13.	FATHER'S NAME					MOTHER'S MAIDEN						
		Hutchins !			_	Mary Ani	ta 0					
15. (Ye	was DECEASED EVE s, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give war or dates	of service)		INFORM			Add				
	11/0				Fat!	ner		Same as	#2.			
	1B. CAUSE OF DE PART I. DEAT	ATH (Enter only one co H WAS CAUSED BY:		(o), (b), ond (c).) oiratory fail	11200						ERVAL BE	
	7735		(a) 110 D	Tracory Tari	ure							
	Canditions, if any,	which gove		aturity						1h	r 50	min
	rise to immediate		10					OF HE				
	last.	iying couse	(c)							-		
Z	PART II. OTHER SIG	SNIFICANT CONDITIONS		O DEATH BUT NOT RELATED TO	THE TER	MINAL DISEASE CO	NDITION G	IVEN IN PART 1(a)		19.	WAS AUT PERFORM	OPSY MED?
ATIO										Y	ES 🗌	NO X
CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING		205. DE:	SCRIBE HOW INJURY OCCURRED	. (Enter	nature of injury in	Port I or F	Port II af item 18.)				
5		MEDICAL EXAMINER)										45
MEDICAL	Hour a.n	10	While	Not While fo		NJURY (Hame, farr eet, office bldg., etc.		. (City or town)	((0	ounty)		(State)
	21 corti	**	ot work	ded the deceased fram_	Marc	ch 2	19.66	to March	2 19	66 th	ont (I) (we) las
	saw the de	eceased alive an 1	Jarch 2	19 <u>66</u> , and th	at dea	th accurred at	1040	M. fram causes	and an	the dat	e state	d abave
	220. SIGNATURE	coasea anve an								DATE SIGN		
		0 0	~ ^	A .	A.D. PI	TENDING X	MED. DIRECTOR	STAFF PHYS.	3-	2-66	5	
	22c. PHYSICIAN'S	Jalin	Clay	with		22d. ADDRESS				4	1112	
	NAME (Type)	g. P. CI	LOHERTY	, LT MC USN		Same as	# 1					
230	BURIAL, CREMATIC	N, 23b. DATE TH	IEREOF	23c. NAME OF CEMETERY OF	CREMA	ORY	23d.	LOCATION (City or To	own)	(County)) (State)
	REMOVAL (Specify)	3/3/6	56	EBENEZER (EME	TERY		GREAT MII				
24	FUMERAY DISECTO	0 11	son	ADDRESS			D BY REGI		EGISTRAR'S			
-	1/1/2	- July	-			LARA	7	1000 D	2/10	7. 0	. 100	9

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. tely filled in by the funeral **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and director, page 3 shauld be detached for use as the burial-transit permit. Then please remishauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in an Page 4 may be retained by the hospital or attending physician.

ban papers. P

P.B. ROBINSON - LEONARDTOWN, MARYLAND

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

	046
1. PLACE OF I	DEATH
D. PIACE OF o. COUNTY b. CITY OR write RI LEON	CT MARK
fer of the cut of the	ST. MARY TOWN (If autside carp
b. CITY OR write RL	JRAL and give nearest
LEON	ARDTOWN
d in dd in 72 h	HOSPITAL OR INSTITU
tilled in 72 hin 72 h	T. MARY S
3. NAME OF	
A DECEASED (Type ar pri	int)
Appendix S. SEX	6. COLOR OR
FEMALE	WHITE
100. USUAL OCC	UPATION (Give kind af
during most of	working life, even if reti
13. FATHER'S	NAME
during most of the during most o	FREDERICK
IS. WAS DECE	ASED EVER IN U.S. ARME
(Yes, no, or unit	known) ((If yes give wo
IB. CAUS	E OF DEATH (Enter on
TB. CAUS	T 1. DEATH WAS CAUSE
physician signed by physician burial-transport in the physician physician.	31 X
graphysician signed by surial-tra courial-tra continuity creations in the same signed by surial	s, if ony, which gave
Condition:	mediate cause (a),
stating th	ne underlying cause
stating the last line of the last line o	THE SIGNATURE OF THE
stating the lost.	OTHER SIGNIFICANT COI
DIRECTOR: After this certificate has been started by the haspital are arrificated by the haspital are arrificated by the haspital are arrificated by the haspital are certificated by the haspital are arrived by the haspital are arrived by the haspital arrived by the hasp	
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certification of the spiral has pit all the spiral has pit all the spiral has been spiral as a spiral has been	, NOTIFY MEDICAL EXAM
After this by the has State Dept. 200. IIME	OF INJURY Manth, De
the D detc	Hour o.m. p.m.
DRECTOR: Affer of with the Star of Sta	I certify that (I)
saw the saw	the deceased ali
220. SIG	
3 % I w	
ad you be	/SICIAN'S
NAM De	WE (Type) WIL
23a. BURIAL, C	REMATION, 23b
a burial, construction of the construction of	
24 FINEPAL	DIRECTOR

1. PLACE OF DEATH O. COUNTY ST. MARY 8 MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence befare admission) o. STATE MARYLAND ST. MARY 18
b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b	
write RURAL and give nearest tawn) LEONARDTOWN	c. CITY OR TOWN (If autside corparate limits, write RURAL ond give neorest town) RURAL MADDOX
	7/2
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address)	d. Street address o. IS residence on a farm?
ST. MARY S COUNTY NURSING HOME	YES 🔀 NO 🗀
3. NAME OF First Middle DECEASED (Type or print) ANNIE LOUISE	Last 4. DATE Manth Day Year OF DEATH MARCH 22, 1966
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
FEMALE WHITE WIDOWED XX DIVORCED	MARCH 5. 1879 lgst birthday) Manths Days Hours Min.
10o, USUAL OCCUPATION (Give kind af wark done 10b, KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	COUNTRY?
	CHARLES COUNTY, MARYLAND U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FREDERICK ALBERT RICHMOND	ANNIE ELIZA WIGNELL
	7. INFORMANT Address
(Yes, no, or unknown) (If yes give wor or dotes of service)	S WINIFRED LYON MADDOX. MARYLAND
1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	A 2 month
33/X DUE TO	
(b)	
rise to immediate cause (a), DUE TO	
stating the underlying cause (c)	
	TO THE TENUNIAL DISEASE COMPLYION ONES IN DAY 1/2
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
CATI	YES NO
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Yeor Hour o.m. 10 While Not While	ED. (Enter noture of injury in Port I or Part II of item 1B.)
20c. TIME OF INJURY Manth, Day, Yeor 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote)
Hour o.m. While Not While	foctory, street, office bldg., etc.)
p.m. 17 at work — at wark	
21. I certify that (I) (this haspital) attended the deceased fram	Jane 1, 19 63, to March 27, 1966, that (1) (we) las
saw the deceased alive an Morel 18 19 65, and t	that death accurred at LEM, fram causes and an the date stated above
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
WW 1361	M.D. ATTENDING PHYS. DIRECTOR PHYS. 3 /23/66
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) WILLIAM D. BOYD M. D.	LEONARDTOWN, MARYLAND
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
BURIAL MARCH 25, 1966 MT. OLI	VET CEMETERY WASHINGTON, D.C.
24. FUNERAL DIRECTOR ADDRESS	2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
	AND DATMAR 29 1966 golianles Judge
W. CLARKE MATTINGLEY LEONARDTOWN, MARYL	AND DAILBILL SO ISON I WHEN LINEAR

VR A15 (4) 20 M 1/66

ADDIES LEGETHORS SINGS

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- AND MINISTER LYCK - "ADDA", "ANYLAND

L. C. M GYOS . D MALLEN, C. S. S. BEAUTERS CHOTOMOSE COMINE MRCH 2, 100 T. CLIVET CLUSTERY LARRIED SA, L.J.

G. CLARKE WAYT HIGHEY LICOMARDIDERS, VARYLAND LERK P. 2 V 1938 1 COSCAL

TART D COUNTY TIONS OF FOME

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0434	3	CERTIFICATI	OF DEATH		04338
PLACE OF DEATH O. COUNTY	ST. MARY'S	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Res b. COUNTY	idence before odmissian)
b. CITY OR TOWN	(If autside carparate limits, and give nearest tawn)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If or	utside corporate limits, write RURAL and	give nearest town)
	TAL OR INSTITUTION (If not in hos	1 . 0	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES X NO
3. NAME OF DECEASED (Type or print)	First	Middle CATHERINE	Last	4. DATE Month OF DEATH MARCH	Doy Year 26. 19 66
S. SEX FEMALE	6. COLOR OR RACE 7. MA WHITE WID	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Oct. 5, 188	last birthday) Month	DER 1 YEAR IF UNDER 24 HRS. ns Doys Hours Min.
10a. USUAL OCCUPATIO during most of working 13. FATHER'S NAME	glife, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County ST. 14. MOTHER'S MAIDEN	8 State, ar fareign country) 12 MARY 8, MARYLAND NAME	COUNTRY?
1S. WAS DECEASED EV (Yes, no, or unknown)	SAMUEL JONES ER IN U.S. ARMED FORCES? (If yes give war or dotes of service)	16. SOCIAL SECURITY NO. 17.	ANNIE INFORMANT ROSCOE THOMP	Address	D. MARYLAND
Conditions, if any rise to immedia stating the under lost.	te couse (o).	me for (a), (b), and (c).) Myocardial Memia and	Lailere Diabetio	(! cenhythmis : rephropothy	30 days
PART II. OTHER S	AS UNDERLYING □	ITING TO DEATH BUT NOT RELATED TO 20b. DESCRIBE HOW INJURY OCCURRED.		· ·	19. WAS AUTOPSY PERFORMED? YES NO
(IF EITHER, NOTIFY 20c. TIME OF INJ Hour o.	G COLCAUSE OF DEATH Y MEDICAL EXAMINER) JURY Month, Doy, Yeor .m. 19		CE OF INJURY (Hame, farn tary, street, affice bldg., etc.		(Caunty) (State)
21. I cert	ify that (I) (this hospitol) deceased olive an	ottended the deceased fram	D. ATTENDING PHYS. 22d. ADDRESS	M, from causes ond o	0 0
230. BURIAL, CREMATI BURIAL (Specification of the company of the c	MARCH 29,1	23c. NAME OF CEMETERY OR 966 JOY CHAPEL ADDRESS ONARDTOWN, MARYLA	2So. REC	23d. LOCATION (Gity or Town) HOLLYWOOD. D. BY REGISTRAR 25b. REGISTRAR	(Caunty) (State) MARYLAND PS SIGNATURE PLEY JUNEAR

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please, remave carbon papers. Pages 1 and, shauld be filed with the State Dept. of Health priar ta burial, crematian, or removal, deept, any event, within 72 haurs after deafted. Page 4 may be retained by the hospital ar attending physician.

VR A15 (4)

CARYLAND

DERNING YELL BERT CHARLE

TO SINKE SATTINGLY - LEGIMBOYOMN, MARYLAND --

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. STATE b COUNTY o. COUNTY ST. MARY 18 ST. MARY'S MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

LEONARDTOWN CLENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 11 DAYS LEONARDTOWN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ST. MARY S HOSPITAL P.O.Box 18 YES NO V Middle 3 NAME OF First Lost 4. DATE Month Dov Year OF DEATH DECEASED PETER COLUMBUS WHEELER 19 66 MARCH Type or print IF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Doys Months Hours WIDOWED DIVORCED MALE Ост. 14.1874 WHITE 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) CHINDUSTRY during most of working life, even it retired) COUNTRY? U.S.A MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JAMES WHEELER LYDIA ANN GODDARD 16. SOCIAL SECURITY NO. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service MRS LOUISE R. WHEELER LEONARDTOWN. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN **QNSET AND DEATH** nealism IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o' CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour am. Not While ot work ot work 21. I certify that (I) (this hospital) attended the deceased fram, 1966, that (1) (we) last and that death accurred at 2.30 A.M. fram causes and an the date stated above. saw the deceased alive an. 22b. DATE SIGNED 220. SIGNATURE STAFF PHYS. ATTENDING DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) P. J. BEAN M.D. GREAT MILLS. MARYLAND 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23b. DATE THEREOF (Stote) (County) BREMOVAL (Specify) MARCH 5.1966 HOLY FACE CEMETERY GREAT MILLS. MARYLAND **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR lianley

LEONARDTOWN, MARYLAND

be executed within 24 haurs after death. funeral all d by the Pages offe papers. Pag. thin 72 hours o filled in I ev please remay and in any and physician ATTENDING PHYSICIAN: The law requires that the death certificate ar remaval, attending phys permit. burial, crematian, burial-transit signed by **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. has been directar, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar to this certificate O FUNERAL DIRECTOR: After

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W. CLARKE MATTINGLEY

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THE MITTERLY LORANGED , MEYLAND

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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1.	PLACE DF DEAT a. COUNTY	Н				2. USUAL RESII	DENCE (Whe	re deceased live	d, If ins		Residence	before ad	mission)
		ST MARYS		MARYL	AND	N	IARYLAI	ND D		ST.	MARY	S	
	b. CITY OR TOV	VN (if outside corporate	limits,	LENGTH OF STAY	IN 1b	c. CITY OR TOW	N (If outside	corporate lin	nits, wr	ite RURAL	and giv	neares	t town)
		and give nearest town			- 4						10	1	
	LEONAR		l life not in book	ital also stand at			GTON 1	PARK			16-	/	
	d. MAME DE ND	SPITAL OR INSTITUTION	(ir not in nost	oital, give street ad	aress)	d. STREET ADDR	ESS				е.	IS RES	ARM?
	ST. MAR	YS NURSING H	OME			315 YO	RKTOWI	N RD.			Y		NOX
3.	NAME DF	Firs		Middle		Last		ATE	Month	1	Day	Yea	-
	DECEASED						D	F					
-	(Type or print)	RETA		MAE		WHITE			ARCH		28	19 (
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		. DATE OF BIRTH	1	9. AGE (in iast bir					
7	PEMALE	WHITE	WIDOWED X	OIVORCED		4/4/1883		82	Vrs.	Months	Days	Hours	MIn.
		TION (Give kind of work de	000.00	O OF BUSINESS OR		1 11. BIRTHPLAC	F (County &) 12. 0	ITIZEN C	F WHAT	-
dur	ing most of work	ling life, even If retired)	INDI	USTRY		II. DIKITH EAG	e (overity a	June, or rovery	. countary		OUNTRY		
	HOUSEWII	PP	DOM	ESTIC		CONN	ECTICU	JT			USA		
13.	FATHER'S NAM	1E				14. MOTHER'S							
	JOHN 1	EUSTICE				DEN	SEY MI	ESSENGE	R				
15.	. WAS DECEASED	EVER IN U.S. ARMED FOR	CES? 16. SD	CIAL SECURITY ND.	17.	INFORMANT			Addres	SS			
(Ye		(If yes give war or dates of s		E4 0046	200						44		
_	NO		215			S.ARTHUR	E.ADAP	45	SAM	E AS	#2		
		DEATH [Enter only one	cause per line	for (a), (b), and (c).	1 /] -/					INJER	VAL BET	WEEN
	PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (My	Curcia	1	raclus	l.				200	PHO	LATIN
	1/1/2	V				-/-	0						
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	Conditions, if gave rise to		1)	encopo	L	ran-	- 000				-	1	2
	cause (a), s	DUE T	0////	1		11 -	7 -				11	,	
	underlying caus	no loot	o HAM	4 lener	7 1	Heart 1	Jusea	w.			10	21	ans
20		SIGNIFICANT CONDITION		NG TO DEATH BUT NO	TRELA	TED TO THE TERMIN	VAL DISFASE	CONDITIONG	VEN IN	PART 1(a)	119.	WAS AU	TOPSY
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9	10	auro 19	yw N	1//							YES		NO D
CERTIFICATION	20a. ACCIDENT	WAS UNDERLYING	20b. DES	CRIBE HOW INJURY	Y OCCU	RREO. (Enter natu	re of Injury	in Part I or P	art II o	f item 18	.)		
ER	OR CONTRIBUT	ING CAUSE OF DEATH TIFY MEDICAL EXAMINE	R)										
				INV COOLINGED I CO		E OF INVENTAL		04 4011		10-	-4-3	10	· · · · ·
2	20c. TIME OF Hour a.i	INJURY Month, Day, Yo				E OF INJURY (Homy, street, office bid		Of. (City or t	own)	(COL	unty)	(5	tate)
MEDICAL	p.:		at work	Not While at work	1.	,,	3,, 44.	- /	1	,	. /		
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			ar arteriueu				1208.	, to			9 tha		
	//	ceased alive on 2	15 7	19, an	d that	death occurred	at/-71	A, from the c	auses				above.
	22a. SIGNATU	RE AY	11/1/			ATTENDING -	MED.	CTAF		22b. D	ATE SIG	NED	
	UV	wer!!	Illem	n	M.D.	PHYS.	DIRECTO	OR PHYS		3/	29/6	6	
	22c. PHYSICIA					22d. ADDRES	S			-			
	NAME (T	ype) ERNEST RE	HM M.D.			LEX	INGTON	PARK.	MAR	YT.ANT			
23a	DIIDIAL ODES			23c. NAME OF CEN	ACT COM	OR CREMATORY						/01	240)
238	REMOVAL (Sp	ecify) , ,		COC. NAME OF CEN	ILI EKY	OR CREMAIDRY	23d	. LOCATION (UILY, TO	MII OL CO	unty)	(St	ate)
- 4	BURLAL	3/30/	66	TRINITY	CE	METERY		ST.MAR	RYS	CITY.	MARY	LANT	
24.	FUNERAL OUR		· ·	ADDRESS		25a.	REC'D BY	REGISTRAR 2	25b. RE	GISTRAR	'S SIGNA	TURE	
-	P.B.ROI		ATA DID MOLIN	NE A TOUT A BY		2	MAR 3	1 1966	10	liant	en y	idge	
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04346 death funeral 1 and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY o. COUNTY ST. MARY S ST. MARY 8 and completely filled in by the fur remark carban papers. Pages 1 in my event, within 72 haurs after MARYLAND by the Poges b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 3HRS LEXINGTON PARK. LEONARDTOWN e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 335 YORKTOWN ROAD ST. MARY'S HOSPITAL YES NO K 4 DATE Middle 3. NAME OF First Month Doy DECEASED 19 66 GRACE ELLEN WHOLAVER DEATH MARCH (Type or print) IF LINDER 24 HRS AGE (In years 8. DATE OF BIRTH IF LINDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months Dovs Hours JULY 29,1896 WHITE WIDOWED DIVORCED FEMALE 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) please during most of working life, even if retired)
HOUSE WIFE COUNTRY? INDUSTRY physician HOME JEFFERSON. OHIO 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME attending phys nermit. Then p ar remava 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service) CHARLES ROBERT WHOLAVER SAME AS # 2 ABOVE NONE crematian. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) the signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO burial. Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse prior to lost WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION be detached far use State Dept. af Health NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED (County) Hour o.m foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (1) (this hospital) attended the deceased from 196 director, page 3 should should be filed with the and that death/accurred at 432 M, fram causes and an the date stated above. saw the deceased alive an. 220. SIGNATURE 22b. DATE SIGNED STAFF M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S

The law requires that the death certificate **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. has been TO FUNERAL DIRECTOR: After this certificate

be executed within 24 haurs

VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR W. CLARKE MATTINGLEY LEONARDTOWN. MARYLAND

NAME (Type)

230. BURIAL, CREMATION

BURIAL (Specify)

UNION CEMETERY

23c NAME OF CEMETERY OR CREMATORY

JAMES PATRICK JARBOE M. D.

23b DATE THEREOF

MARCH 8.1966

COLUMBUS REC'D BY REGISTRAR

DATE

(County)

OHIO

(Stote)

2Sb. REGISTRAR'S SIGNATURE

GREAT MILLS. MARYLAND

23d. LOCATION (City or Town)

ENALE STOR SLAR

MARYLAND: ET. TANKY'S

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CILER HOLAVERO

GING .- CHESTEL CHIS 410-1-00

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NOW CHARLES EGGERT MICHAEL CANS NO F. Z ABOVE

Jane Patraine Jaken M. D. a. COMESVIEW . U.S. T. US

SURIBL TANGHE, 1905 CHURCHY CENTRE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH DEP delay is 2, ond 3 ta the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page pages 1 apd 2 with the State Department of Heolth or its designated agent, prior to buriol, crematian, or removal, and in any event within 72 hours after deat necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, This certificate should be executed within 24 hours ofter death. If TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File TO DEPUTY MEDICAL EXAMINER: 5 may be retained for your files.

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0434	47	MEDI	ICAL EXAMIN	ER'S CERTIFI	CATE OF D	EATH		04:	342
o. COUNTY	ST. MARY S		MARY	a. STATE	RESIDENCE (Where		f institution: Resid		
b. CITY OR TOWN write RURAL o	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LEONARDTOWN c. LENGTH OF STAY IN 1b					corparate limits,	write RURAL ond g	give nearest tawr	n) /
d. NAME OF HOSP	ST. MARY S	, , ,		d. STREET	ADDRESS			ON	A FARM?
3. NAME OF DECEASED (Type or print)	Roset	irst	Middle	Young		DATE OF DEATH MA	Month	Doγ	Year 19 66
S. SEX FEMALE	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF B		9. AGE (In last bir	yeors IF UND	ER 1 YEAR IF UN	NDER 24 HRS.
	ON (Give kind of work done		ND OF BUSINESS OR DUSTRY		PLACE (State or far	eign country)		CITIZEN OF WHA	ī
13. FATHER'S NAME 15. WAS DECEASED EV (Yes, na, or unknawn)	JOSEPH WAL VER IN U.S. ARMED FORCES? (If yes give war ar dotes	16.5	UNG OCIAL SECURITY NO.		R'S MAIDEN NAME NES MADEL FR 84		Address 2 ABOVE		
Conditions, if an rise to immedia stating the undust.	y, which gave ote cause (a), lerlying cause	(a)	Poren	monio				INTERVAL ONSET AN	ID DEATH
PART II. OTHER 200. EXTERNAL (PRIMARY or C	SIGNIFICANT CONDITIONS							19. WAS A PERFO	AUTOPSY ORMED? NO
	ONTRIBUTING	20b. DES	CRIBE HOW INJURY OC	CUKKED. (Enter nature	at injury in Port I	or Parl II of Ifen	18.)		
20c. TIME OF IN Hour of	JURY Manth, Doy, Yeor i.m. j.m. 19	20d. IN. While at wark		20e. PLACE OF INJURY factory, street, aff		20f. (City ar	town) (County)	(State)
21. I certi death resu ACTUAL SIGNATURE EXAMINER'S NAME (Type)	ify that I took charge lited from: Natur WILLIAM	e of the remal causes	ains described ob.	Suicide, CH 1 /) M.D. AS DE	psy, Ins Homicide, IEF MEDICAL EXAMI SISTANT MEDICAL EX PUTY MEDICAL EXAI Idress (Street, city,	Undeterminer XAMINER MINER	Inquiry Industry Indu		TE SIGNED
23a. BURIAL, CREMAT REMOVAL (Special BURIAL	fu)	21,1966	23c. NAME OF CEMET	ERY OR CREMATORY		MORGA		(Caunty)	(State)
24. FUNERAL DIRECT			ADDRESS MA		25a. REC'D BY R		25b. REGISTRAR'S		

VR A15ME (5)

84341 VENT TO SERVICE LECTORANGE AGG ST MECTORANGE with the transfer of the second 19. Honor Arrande 19. FOWLE JUNE 10, 1956 LUSSERH CALLAGE YOUR OWNER HARROLD THE STATE OF THE STATE CONTRACT DAMES ASSESSED. BURING MARCH 21,1958 ST. JOBERS CHETERY WORLDANGE, TE CHALYRA ALCENIES WITTIGGER, INCRESTON, WARM OF STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,